



VESSEL SAFETY CHECK (VSC)

To be completed by a U.S. Coast Guard approved Vessel examiner.
See the back of this form for a brief explanation of required items.
A Federal Requirements pamphlet is also available.

Date of VSC:

03/04/24

Decal Awarded:

Yes ☒ No ☐

Owner/Operator Name:

ALEXANDER & KNOTT LUSTIG

Owner/Operator has attended Safe Boating Class: Yes ☒ No ☐

Location of VSC - County: ALABAMA State: AL

Replaced decal was: Last Year ☐ Outdated ☐ First Time ☒

VESSEL INFORMATION:

Registration or

Documentation Number: 1227983

HIN: NTK 300793595

Length: <16 ☐ 16-25 ☐ 26-39 ☒ 40-65 ☐

Powered by: Gas ☐ Diesel ☒ Sail ☐ Other ☐

Area of Operations: Inland ☒ Coastal ☒

Type: PWC ☐ Open ☐ Cabin ☒ Other ☐

VESSEL SAFETY CHECK DECAL REQUIREMENTS

Item	Yes	No	N/A
1. Display of Numbers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Registration/Documentation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Personal Flotation Devices (PFD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Visual Distress Signals (VDS)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Fire Extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Backfire Flame Control	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Sound Producing Devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Navigation Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Pollution Placard	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. MARPOL Trash Placard	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Marine Sanitation Devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Navigation Rules	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. State and/or Local Requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Overall Vessel Condition: as applies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Deck Free of Hazards / Clean Bilge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Electrical Systems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Fuel Systems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Galley / Heating Systems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Engine Cutoff Switch (ECOS)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

RECOMMENDED AND DISCUSSION ITEMS

(While encouraged, items below are not VSC requirements)

Item	Yes	No
I. Marine Radio	<input checked="" type="checkbox"/>	<input type="checkbox"/>
II. Dewatering Device & Backup	<input checked="" type="checkbox"/>	<input type="checkbox"/>
III. Mounted Fire Extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
IV. Anchor & Line for Area	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V. First Aid and PIW Kits (** over)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VI. Inland Visual Distress Signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VII. Capacity/Certificate of Compliance	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VIII. Discussion Items, as applies:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Accident Reporting-Owner Responsibility	<input type="checkbox"/>	<input type="checkbox"/>
b. Offshore Operations	<input type="checkbox"/>	<input type="checkbox"/>
c. Carbon Monoxide-Dangers and Prevention	<input type="checkbox"/>	<input type="checkbox"/>
d. Nautical Charts/Navigation Aids	<input type="checkbox"/>	<input type="checkbox"/>
e. Fuel/Fuel management	<input type="checkbox"/>	<input type="checkbox"/>
f. Float Plan/Weather & Sea Conditions	<input type="checkbox"/>	<input type="checkbox"/>
g. Boating Check List	<input type="checkbox"/>	<input type="checkbox"/>
h. Survival Tips & First Aid	<input type="checkbox"/>	<input type="checkbox"/>
i. Safe Boating Classes	<input type="checkbox"/>	<input type="checkbox"/>
j. Marine Domain Awareness	<input type="checkbox"/>	<input type="checkbox"/>
k. Insurance Considerations	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

I certify that I have personally examined this vessel and find it meets the above requirements at the time of the Vessel Safety Check. I am a qualified Vessel Examiner of the: CGAUX ☐, USPS ☐, State of AL ☒, or ☐

Printed Name of the Examiner

LM BOAT

Examiner Number

3001145

Examiner Signature

Telephone/Mobile Number

330 514 3169

Additional Comments: This is not an official boarding for law enforcement purposes. It is recommended that you correct any deficiencies noted. This checklist is furnished for your information. There is no assumption of liability of any kind for advice given or opinions expressed in connection to this examination. By accepting the Vessel Safety Check decal, you are pledging to maintain your boat and equipment to the standard of safety exhibited during this examination. Please remove the Vessel Safety Check decal if the boat is sold or no longer meets the requirements.

I am consenting to this Vessel Safety Check of my watercraft with full knowledge that it is provided to me as a public service on a volunteer basis without cost, and I understand and agree that my receipt of a Vessel Safety Check shall not constitute or be construed as a warranty or guarantee as to either the qualification, knowledge, or skills of the operator; the seaworthiness of the vessel; or the serviceability or adequacy of any equipment on board.

Owner/Operator Signature:

[Signature]

Date: 3/4/2024